

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Application of: Mary Darlene Temple
Serial No.: 10/725,806 Examiner: Ackun, Jacob
Filed: December 2, 2003 Art Unit: 3728
For: APPARATUS AND METHOD FOR DELIVERY OF
MEDICATION

COMMISSIONER FOR PATENTS
P.O. Box 1450
Alexandria, Virginia 22313-1450

Sir:

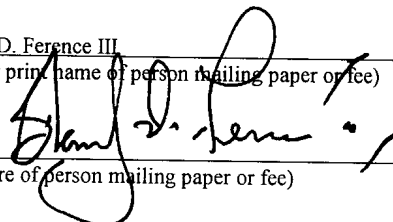
Transmitted herewith is an Amendment in the above-identified application.

1. ☐ Applicant requests an extension of time to respond to the outstanding Office Action. A Petition for an extension of time is enclosed.
- OR
2. ☒ In the event that an extension of time is required, this conditional petition is being made to provide for the possibility that applicant has inadvertently overlooked the need for a petition and fee for extension of time.
3. ☐ Small Entity status of this application has been established by a verified statement previously submitted.
4. ☐ A verified statement to establish Small Entity status is enclosed.

CERTIFICATE OF TRANSMISSION UNDER 37 CFR § 1.8(a)

I hereby certify that this correspondence (along with any documents referred to as being attached or enclosed therewith) is being filed via EFS-WEB with the Commissioner for Patents, P.O. Box 1450, Alexandria, Virginia 22313-1450 on March 3, 2009.

Stanley D. Ference III
(Type or print name of person mailing paper or fee)



(Signature of person mailing paper or fee)

- | | | | | | | | | | | | | |
|---|---|---|--|---|------------------------------|---|---------------------|------------|-----|---|--------------------------------------|------------|
| | Claims
Remaining
After
Amendment
(Col. 1) | - | Highest
No. Prev.
paid for
(Col. 2) | = | Present
Extra
(Col. 3) | x | <u>SMALL ENTITY</u> | | | | <u>OTHER THAN A
SMALL ENTITY</u> | |
| | | | | | | | <u>RATE</u> | <u>FEE</u> | | | <u>RATE</u> | <u>FEE</u> |
| Total Claims | 20 | - | ** 20 | = | * 0 | x | \$26 | = | O R | x | \$52 | = |
| Ind. Claims | 3 | - | *** 3 | = | * 0 | x | \$110 | = | O R | x | \$220 | = |
| <input type="checkbox"/> Multiple Dependent Claim Presented | | | | | | + | \$195 | = | O R | + | \$390 | = |
| | | | | | | | <u>TOTAL</u> | = \$ _____ | O R | | <u>TOTAL</u> | = \$ _____ |

8. ☐ Applicant encloses herewith a check for \$_____ to cover the filing fee.
9. ☐ Submitted herewith is a completed Credit Card Payment Form. The Commissioner is hereby authorized to charge the \$_____ filing fee to the credit card identified in the Credit Card Payment Form submitted herewith.
10. ☐ The Commissioner is hereby authorized to charge payment of any additional filing fees associated with this communication or credit any overpayment to the credit card identified in the Credit Card Payment Form submitted herewith.

Respectfully submitted,

FERENCE & ASSOCIATES LLC

By 
Stanley D. Ference III
Reg. No. 33,879

Dated: March 3, 2009

Mailing Address:

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 (412) 741-9292 - Facsimile